

1. FULL NAME:

LAST

## STATE AND CONSUMER SERVICES AGENCY . ARNOLD SCHWARZENEGGER, GOVERNOR

## SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD

2005 Evergreen Street, Suite 2100, Sacramento, CA 95815 Phone (916) 263-2666 Fax (916) 263-2668 www.slpab.ca.gov



**MIDDLE** 

## APPLICATION FOR TEMPORARY REQUIRED PROFESSIONAL EXPERIENCE LICENSE

**IMPORTANT:** EFFECTIVE JULY 1, 2003, ANY PERSON OBTAINING THEIR REQUIRED PROFESSIONAL EXPERIENCE FOR LICENSURE IN CALIFORNIA MUST HOLD THE RPE TEMPORARY LICENSE REGARDLESS OF THE WORK SETTING. (I.E. EMPLOYMENT IN THE PUBLIC SCHOOL OR A FEDERAL AGENCY IS NO LONGER EXEMPT FOR THE PURPOSES OF COMPLETING THE RPE.)

INSTRUCTIONS: YOU MUST COMPLETE ALL SECTIONS OF THIS APPLICATION. ANY CORRECTIONS MUST BE STRICKEN AND INITIALED. DO NOT USE WHITE OUT OR CORRECTION TAPE ON THIS FORM. YOU MAY NOT PROVIDE PROFESSIONAL SERVICES UNTIL YOU HAVE RECEIVED WRITTEN APPROVAL FROM THIS OFFICE.

**FIRST** 

PART A - TO BE COMPLETED BY APPLICANT. (PLEASE PRINT IN BLUE INK)

2.	OTHER NAMES YOU HAVE U	JSED (INCLUDING MA	AIDEN):			
3.	*ADDRESS OF RECORD:	STREET				
	CITY, STATE, ZIP CODE					
4.	RESIDENCE TELEPHONE:			BUSINESS TELEPHONE	:	
	( )			( )		
5.	SOCIAL SECURITY NUMBER	₹:		DATE OF BIRTH: (MI	M/DD/YY)	
6.	LICENSE CATEGORY IN WH	IICH RPE IS REQUES	TED:			
	SPEECH-LANGUAGE	PATHOLOGY	AUDIOLOGY			
7.	EDUCATION:					
	MASTER'S DEGREE	MASTER	'S DEGREE EQUIVALENCY	<i>/</i>		
8.	NUMBER OF RPE EMPLOYN	MENT HOURS PER W	EEK:			
9.	PROPOSED START DATE:					
חבו	MINDER: YOU MAY <b>NOT</b> BE		UC DATE UNI ECC VOLLUA	VE DECEIVED WOLTTEN AD	DDOVAL EDOM TI	IIIC OFFICE
10.	ARE YOU EMPLOYED AS A	SALARIED EMPLOYE	EE OF A PUBLIC SCHOOL I	IN THE SETTING(S) LISTED I	N QUESTION #13	?
					YES	NO
REG	RT B - TO BE COMPL GULATIONS, SECTION	1399.153.3 FOR	SUPERVISOR'S RE			IA CODE OF
11.	NAME OF SUPERVISOR:	LAST	FIRST		MIDDLE	
	ADDRESS: STREET					
	CITY, STATE, ZIP CODE					
12.	BUSINESS TELEPHONE:			LICENSE NUMBE	ER:	
	( )					
	JR ADDRESS OF RECORD INTERNET.	) IS PUBLIC INFOR	RMATION AND WILL BE	RELEASED UPON REQUI	EST AND MAY E	BE PLACED ON

13. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:					
FACILITY NAME:	COMPLETE ADDRESS:				
14. SUPERVISION:					
14. SUPERVISION:					
THE RPE WILL BE WORKING FULL TIME (30-40 H DIRECT SUPERVISION. FOUR (4) OF THE EIGHT	OURS PER WEEK) AND I AGREE TO PROVIDE EIGHT (8) HOURS A MONTH HOURS (8) WILL BE IN SCREENING, THERAPY AND EVALUATION.				
	HOURS PER WEEK) AND I AGREE TO PROVIDE FOUR (4) HOURS A MONTH 4) HOURS WILL BE IN SCREENING, THERAPY AND EVALUATION.				
15. THE FOLLOWING SPEECH-LANGUAGE PATHOLOGY/AUD BOARD, ARE OBTAINING THEIR RPE WORKING UNDER M	DIOLOGY APPLICANTS, CURRENTLY HOLDING A TEMPORARY LICENSE WITH THE MY SUPERVISION:				
RPE EMPLOYEE	AUDIOLOGY SPEECH-LANGUAGE PATHOLOGY				
RPE EMPLOYEE	AUDIOLOGY SPEECH-LANGUAGE PATHOLOGY				
AND AGREE TO ITS IMPLEMENTATION. I FURTHER CE	FOR SUPERVISION WITH THIS SUPERVISOR (NAMED ON REVERSE SIDE) ERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE RT A ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL				
APPLICANT'S SIGNATURE(SIGNATURE MUST B	DATE SIGNED E IN BLUE INK)				
THE DDE OUDEDWOOD HAVE DISCUSSED THE DI	AN EOD CUDEDVIOLON (AC DECODIDED IN DADE D ON DEVEDOE CIDE)				
WITH THE RPE APPLICANT AND HEREBY ACCEPT PERFORMANCE. I FURTHER CERTIFY UNDER PENALT	AN FOR SUPERVISION (AS DESCRIBED IN PART B ON REVERSE SIDE) PROFESSIONAL AND ETHICAL RESPONSIBILITY FOR HIS OR HER OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT IISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY LICENSE.				
I HAVE COMPLETED THE INITIAL 6 HOURS OF TRAINING AND WILL COMPLETE 3 HOURS EVERY	CONTINUING PROFESSIONAL DEVELOPMENT IN SUPERVISION / RENEWAL CYCLE HEREAFTER.				
SUPERVISOR'S SIGNATURE(SIGNATURE MUST B	DATE SIGNEDEIN BLUE INK)				

NOTE: Business and Professions Code Section 2532.2(d) <u>requires</u> that the RPE plan must be approved by the Board <u>before</u> employment may begin.